(J) 5120802003241 7 0 7

Use

Only

FEC FORM 1

STATEMENT OF **ORGANIZATION**

SECRETARY OF THE SENATE

(Revised 06/2012)

				5 () F Office AUse (D) Jety 10
NAME OF COMMITTEE (in full)	According to the control of the cont	(Check if name is changed)	Example: If typing, type over the lines.	12FE4M5
GoWithGriffin.org	<u> </u>			
ADDRESS (number and street)	P.O.,I	30x 12804		
(Check if address is changed)		1 1 1 1 1		
	Durh:	am 		NC 27709 -
COMMITTEE'S E-MAIL ADDRE	SS			
(Check if address is changed)	finan	ce@gowithgriffi	n.org	
	Optiona	Second E-Mail Add	dress	
COMMITTEE'S WEB PAGE AD (Check if address is changed)		JRL) ithGriffin.org		
	7 ! 2	015		
3. FEC IDENTIFICATION N	UMBER	► C	gamen) gamen (
4. IS THIS STATEMENT	NEV	V (N) OR	AMENDED (A)	
I certify that I have examined t	his Staten	nent and to the best	of my knowledge and belief i	t is true, correct and complete.
Type or Print Name of Treasure	er <u>John</u>	A. Griffin		
Signature of Treasurer	Joh	nad	Griff-	Date 1/ 18 2015
NOTE: Submission of false, error	eous, or in	complete information	may subject the person signing	this Statement to the penalties of 52 U.S.C. §30109. WITHIN 10 DAYS.
Office			For further information Federal Election Commiss	EEV, EVININ I

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		COMMITTEE								
Cano	ndidate Committee:									
(a) This committee is a principal campaign committee. (Complete the candidate information below.)							w.)			
(b)	1	This committee is a information below.)	an authorized commit	tee, and is NO	T a prin	cipal campaign	committee. (Co	omplete the candidate	,	
Name Candi		Kevin Day	Griffin		L_L_L				!	
Candi Party	idate Affiliati	on DEM	Office Sought:	House		Senate	President	State N	ЛС	
(c)	i Uma	This committee sup	pports/opposes only o	one candidate,	and is N	NOT an authori	zed committee.			
Name Candi		: 1		:			, , , , , , , , , , , , , , , , , , , ,			
Part	y Con	nmittee:								
(d)		This committee is	a	(National, Stat or subordinate		ittee of the		(Democratic, Republican, etc.) P	arty.	
Polit	ical A	ction Committee	(PAC):							
(e)		This committee is	a separate segregate	d fund. (Identify	connec	ted organizatio	n on line 6.) Its o	connected organization	ı is a	
		Corporatio	n	Cor	ooration	w/o Capital St	ock	Labor Organization	วท	
		Membersh	p Organization	Trac	le Assoc	ciation		Cooperative		
		In a	ddition, this committe	e is a Lobbyist/f	Registra	nt PAC.				
(f)		This committee su committee. (i.e., no	pports/opposes more aconnected committed	than one Fede e)	ral cand	didate, and is N	IOT a separate	segregated fund or p	arty	
		In addition,	this committee is a Lo	bbyist/Registra	nt PAC.					
		In addition,	this committee is a Le	eadership PAC.	(Identify	sponsor on line	e 6.)			
Joint	t Func	Iraising Represe	ntative:			•	-			
(g)		This committee coll committees/organize	ects contributions, pay ations, at least one of	ys fundraising e which is an aut	kpenses horized	and disburses committee of a	net proceeds for federal candidat	r two or more political e.		
(h)		This committee colle committees/organize	ects contributions, pay ations, none of which	/s fundraising ex is an authorized	penses I commit	and disburses ttee of a federal	net proceeds for candidate.	two or more political		
	Com	mittees Participati	ng in Joint Fundrai	ser						
	1.				.	FEC ID n	umber C	Attailine attitue		
					1	ــــا : FECIDn	umber C			
	2.				<u> </u>					
	3.					FEC ID n	umber C			
	4.					FEC ID no	ımber C			

Title or Position Treasurer

[FEC Form	1 (Revised 0	2/2009)			Page 3
	Write or Type Com	mittee Name				
<u> </u>	Name of Any (Connected C	ganization, Affiliated Committee, Joint Fundraising Re	epresentative,	or Leadership P	AC Sponsor
L						
L						
	Mailing Address)))
				***************************************		 -
			CITY	STATE	ZIP	CODE
	Relationship:	Connected	Organization Affiliated Committee Joint Fundraisi	ng Representa	tive Leaders	hip PAC Sponso
		*	one Terrorian de la companya del companya del companya de la comp			
7.	Custodian of R books and recor		ify by name, address (phone number optional) and pos	sition of the pe	rson in possessi	ion of committee
	Full Name	John A.	Griffin			
	Mailing Address		P.O. Box 12804	1 1 1 1 1	1 1 1 1	1 1 1 1
						1 1 1 1
			Durham	NC	27709	
	Title or Position		CITY	STATE	ZIP (CODE
	Treasurer	1 1 1	<u> </u>	umber]-
_						
8.			address (phone number optional) of the treasurer of the sistant treasurer).	he committee;	and the name a	nd address of
	Full Name of Treasurer	John A.	Griffin	1 1 1 1 1		
	Mailing Address		P.O. Box 12804	1 1 1 1		
						[
			Durham	NC I	27709	 -
			CITY	STATE	ZIP (CODE

Telephone number

STATE

ZIP CODE

Hand Delivered

JA K, MACCALLUM SUPERINTENDENT T SENATE OFFICE BUILDING SUITE 232 WASHINGTON, DC 20510-71. PHONE (202) 224-0322

United States Senate

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